

**CAPITAL DEVELOPMENT AUTHORITY**  
**(CAPITAL HOSPITAL)**

# **TENDER DOCUMENTS**

FOR

**PROCUREMENT / IMPLANTATION**  
**OF COCHLEAR IMPLANT DEVICES**  
**THROUGH RATE RUNNING**  
**CONTRACT ON F.O.R BASIS FOR**  
**THE PERIOD OF TWO (02) YEARS**  
**FOR CAPITAL HOSPITAL, CDA.**

**Procurement Section**  
**Capital Hospital, CDA**

Fax: 9224377  
Tele: 9221334-274

Cost of Tender- Rs.2000/-

**CAPITAL DEVELOPMENT AUTHORITY**  
**(CAPITAL HOSPITAL)**

NO.CDA/CH-11/ (Cochlear Implant Devices)/2016-17/41

Islamabad, the

2017

M/S \_\_\_\_\_  
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Subject: **PROCUREMENT / IMPLANTATION OF COCHLEAR IMPLANT DEVICES THROUGH RATE RUNNING CONTRACT ON F.O.R BASIS FOR THE PERIOD OF TWO (02) YEARS FOR CAPITAL HOSPITAL, CDA.**

**(A) INVITATION TO BID**

The items as shown in the schedule to this tender are required by the Hospital. You are invited to submit your tender for the supply of the same as per schedule attached subject to the standing terms and conditions as laid down in Public Procurement Rules 2004 and those set out in the invitation-to-tender and undertake to abide by and be bound by the said terms and conditions. The following instructions should strictly be observed while preparing your tender.

**(B) INSTRUCTION TO BIDDERS**

- (i) The procedure for submission will be **“Single stage - two envelope procedure”**. Bid will comprise a single sealed package containing two separate envelopes. Each envelope will contain separately the **FINANCIAL PROPOSAL** and the **TECHNICAL PROPOSAL**; the envelopes will be marked as **“FINANCIAL PROPOSAL” AND TECHNICAL PROPOSAL** in bold and legible letters to avoid confusion;
- (ii) Initially, only the envelope marked **“TECHNICAL PROPOSAL ”** will be opened;
- (iii) The sealed envelope marked as **“FINANCIAL PROPOSAL”** will be retained in the custody of the procuring agency without being opened;

- (iv) The procuring agency will evaluate the technical proposal in a manner prescribed in advance, without reference to the price and reject any proposal which do not confirm to the specified requirements;
- (v) During the technical evaluation no amendments in the technical proposal will be permitted;
- (vi) The Financial Proposals of bids will be opened publicly at a time, date and venue announced and communicated to the bidders in advance;
- (vii) After the evaluation and approval of the technical proposal the procuring agency, will at a time within the bid validity period, publicly open the financial proposals of the technically accepted bids only. The financial proposal of bids found technically non-responsive will be returned un-opened to the respective bidders;
- (viii) The bid found to be the lowest will be accepted.

**(C) GENERAL TERMS AND CONDITIONS FOR F.O.R BASIS TENDER:**

- a. Black listed Firms are not allowed to participate.
- b. Item wise offer of optional accessories.
- c. All the standard accessories be supplied with the device.
- d. List of Essential spare parts showing their cost.
- e. Supplier will be responsible in making the implant/device fully function after surgery/ implantation.
- f. Supplier will provide the training to the relevant doctor and staff.
- g. Guarantee of after sale service for 10 years at least for internal part and 02 year for external part.
- h. Guarantee of supply of spare parts and consumable material related to implant as and when required for 10 year at least.
- i. Certificate to the fact that the cochlear device offered is new and of latest version.
- j. The order for supply of device will be placed on as and when required basis
- k. Supplier will arrange each & every material for successful implantation of device.
- l. Details of similar cochlear devices already operational in Pakistan.
- m. Details of Surgeons, Audiologist and Speech Therapist trained on offer device / implantation.
- n. Offer of Rates for contract prescribed Proforma to be executed after warranty period.

- ❖ Form “A” & Tender documents dully Signed & Stamped should be put in Technical Proposal.
- ❖ Form “B” dully Signed & Stamped should be put in Financial Proposal.

(D) **DETAILS OF STANDARDS THAT ARE TO BE USED IN ASSESSING THE QUALITY OF GOODS, WORKS OR SERVICES SPECIFIED.**

**1) RATES:**

- i. The tenderer should quote item wise rates.
- ii. The rates should be firm and final.
- iii. The rates should be minimum and be as favourable as those extended to any Government Department/Agency/Company or individual.
- iv. Amendments in sixth schedule to the Sales Tax Act 1990 effected from 1<sup>st</sup> July, 2008, provides exemption of Capital Hospital from GST.
- v. Quote your rates both in figures and words. All cutting /overwriting must be signed by the Tenderers.

**2) VALIDITY OF OFFERS**

Offer must remain valid for one year at least.

**3) INSPECTION**

The equipment will be inspected at consignee’s end, i.e. Capital Hospital, CDA Islamabad by the inspection committee of the Capital Hospital in the presence of local representatives of the suppliers as per Proforma “Initial Inspection Report” of Tender.

(E) **DELIVERY TIME OR COMPLETION SCHEDULE**

i. **DELIVERY PERIOD**

Period of delivery should be clearly stated and should not normally exceed 60 days after placement of order.

ii. **WARRANTY PERIOD**

Warranty of the cochlear devices for a minimum period of (02) two years for external part and 10 years for internal part starting after activation and handing over of device to patients / concern Surgeon.

iii. **INSTALLATION/COMMISSIONING / TRAINING**

Supplier will be responsible for successful implantation and activation of device at his own risk & cost. Supplier will provide operational/ implantation training to relevant staff. Service code password and software of device will also be provided to Incharge Biomedical department and ENT Surgeon by supplier.

(F) **QUALIFICATION CRITERIA**

- 1) Attested copy of the receipt of professional tax paid to Excise & Taxation Department concerned.
- 2) Certificate of Registration with Sales Tax Department alongwith Sales Tax Registration Number.
- 3) Attested copy of N.T.N Certificate.
- 4) Prescribed Sales Tax invoices showing amount of Sales Tax, if applicable.
- 5) Certificate on Stamp Paper for not Black Listing of Firm by any Government/Semi Government Organization.

(G) **BID EVALUATION CRITERIA/PROCEDURE**

Evaluation procedure will be for Least Cost Selection.

a) **Tender Opening**

- i. **Technical opening:** Evaluation includes proposals received on time, opened and read out. Late proposals not included. Financial proposals remain sealed.
- ii. **Preliminary screening:** Following factors will be taken into consideration to declare the bid "Responsive "or " Non -Responsive"

- Inclusion of all required documents
- Correct authorization of proposal
- Signature of CV's
- Sufficient proposal validity.

**(b) Technical Evaluation**

It will be carried out by Technical Evaluation Committee constituted by Executive Director, Capital Hospital. The Committee will evaluate the bids in the light of required specifications and documents submitted. The Committee will be empowered to ignore any specification for healthy competition subject not to affect the efficacy/efficiency or operational result of the equipment. Other factors to be considered for declaring the Firm Responsive / Non-responsive includes:

- a) Relevant experience and past performance
- b) Capabilities with respect to personnel equipment and plant
- c) Financial position
- d) Appropriate managerial capability, and
- e) Any other factor that a procuring agency may deem relevant, not inconsistent with PPRA Rules 2004.

The Committee will recommend the Technically Responsive Firms for opening of their Financial Bids. The recommendations of Technical Committee will be submitted to Competent Authority for approval before opening of Financial Bids.

**(c) Financial Evaluation**

It includes.

- Correct arithmetic errors
- Convert to a common currency (using exchange rate stated in RFP doc)
- Compare total costs
- Rank prices with lowest price as No.1

Lowest Price Bid will be recommended for Contract award, subject to any negotiations required. Recommendations will be submitted to Competent Authority for approval of Financial Evaluation Report.

**(H) FORMAT OF ALL SECURITIES REQUIRED**

**1) SECURITY DEPOSIT**

Successful Tenderer will deposit security in the form of Call Deposit in favour of D.D.O, Capital Hospital, G-6/2,CDA, Islamabad, @ **5% of the total value of the contract estimated annually at the time of signing the contract** which will be refundable to the contractor on successful completion of the contract and confirmed on the basis of NOC issued by the End User & conducting the Audit of the Contractual period by Govt. Auditors and clearance certificate from Drawing & Disbursing Officer, Capital Hospital that there is no Audit objection, Draft Para, Advance Para, Printed Para against the contractor. In case of failure the amount of security deposit will not be released unless the audit objection is settled.

(I) **ANY OTHER DETAIL NOT INCONSISTENT WITH THESE RULES THAT THE PROCURING AGENCY MAY DEEM NECESSARY.**

1) **EARNEST MONEY**

Bidders must invariably furnish earnest money equivalent to **3% of bid value subject to Minimum of Rs.10,000/-** along with the Tender Document. The earnest money will be in the form of Call Deposit/in favour of D.D.O (Capital Hospital) Islamabad. Cheque and Bank Guarantee are not acceptable. Tender without earnest money will not be considered.

2) **PAYMENT TERMS.**

100% payment will be made to you by the D.D.O (Capital Hospital), CDA, Islamabad on the production of the documents and fulfillment of following requirement:-

- a. Pre-receipted bill in quadruplicate on proper bill form duly printed/stamped and machine numbered showing quantity, unit price and total price.
- b. Consignee's receipt/certificate of "Initial Inspection Report" to be issued by the authorized representative of Executive Director regarding acceptance of material.
- c. Payment will be released after satisfactory report of operating surgeon and activation of implanted device.
- d. Attested copy of the receipt of professional tax paid to Excise & Taxation Department concerned.
- e. Certificate of Registration with Sales Tax Department alongwith Sales Tax Registration Number.
- f. Prescribed Sales Tax invoices showing amount of Sales Tax, if applicable.
- g. Installation report dully signed by end user & Assistant Director Biomedical.

3) Clarifications, if any, must be sought from the Procurement Section, Capital Hospital before preparation of your tender.

#### **4) OPENING OF TENDER**

- a) Tender should reach in Capital Hospital by 11:00 hours on due date mentioned in the advertisement. All out station tenders must be sent by Courier Service so as to reach the Capital Hospital before date prescribed for opening of tender.
- b) The Tender will be opened at 11:30 hours on the due date in the presence of Tenderers or their representatives, who may care to attend the opening of tenders.

#### **5) INCOME TAX DEDUCTION**

Tenderers should know that income tax will be recovered at prevailing rate from all payments made to them during the currency of contract period unless they provide the exemption certificate from income Tax Department while submitting their tender that they have been exempted from recovery of income Tax. They will produce an attested copy of the said certificate without waiting for demand by the office within Seven days on receipt of intimation regarding acceptance of their tender. When there is no indication of exemption, recovery of income tax will be made which will not be refunded.

#### **6) FAILURE AND TERMINATION:**

**Should the Contractor fail to deliver stores or any consignment thereof within the period prescribed for such delivery, the purchaser will be entitled at his option either:-**

- i. to cancel the contract with forfeiture of security / black listing or a portion thereof and /or
- ii. to purchase elsewhere, without notice to the contractor on the account and at the risk and cost of the contractor, the stores not delivered or others of a similar description (where others exactly complying with the particulars are not, in the opinion of the Purchaser which will be final, readily procurable) without canceling the contract in respect of the consignments not yet due for delivery and/or;



- iii. to recover from the Contractor as agreed liquidated damages and not by way of penalty, a sum of **0.07% (point zero seven percent)** of the price of any stores which the Contractor has failed to deliver as aforesaid per day during which the delivery of such stores may be in arrears.

7). In case the Firm is declared or found Black Listed by Government /Semi Government before execution of Contract, Authority may Terminate /Cancel the Contract with OR without forfeiting the earnest money/security deposit etc.

**(DR. KHUDEJA TUL KUBRA)**  
**Director Project & Development**  
**Capital Hospital, (CDA)**  
**ISLAMABAD.**  
**Tel: 051-9221334-330**

**CAPITAL DEVELOPMENT AUTHORITY**  
**(CAPITAL HOSPITAL)**

Schedule to Tender NO.CDA/CH-11/ (Cochlear Implant Devices)/2016-17/41

**Date of opening 25-05-2017**

**FORM OF BID (TECHNICAL)**

Please fill in the blank spaces provided in the form in all respects duly Signed and Stamped.

**SPECIFICATIONS & LIST OF GOODS OR BILL OF QUANTITIES**

<b>Sr. #</b>	<b>Description of Store</b>	<b>Required Technical Specifications</b>	<b>Features/Technical Specification offered by the bidder</b>
01	Procurement / I Implantation of Cochlear Implant Devices	Below	

**Specifications of Cochlear Implant for Capital Hospital Islamabad**

<b>Specification for the purchase of Cochlear Implants System.(FOR RATE CONTRACT</b>		<b>Qualitative Requirement</b>	<b>Remarks</b>
1.	Implant	Sealed Casing of non reactive material	
2.	Intra-Cochlear Electrode Array	Multi Channel/Multi Electrode	
3.	Models	Straight Electrode Array or advance array as per requirements.	
4.	Speech Processor	Advance Sound Processor with option for Body-Worn type and behind the ear type. With following features. • Multi –speech coding strategy capability utilizing digitally programmed frequency band (20 or more).	To include all standard accessories (List of standard accessories to be provided by manufacturer)

		<ul style="list-style-type: none"> <li>• Should have control of sensitivity, volume, alarm and auto features.</li> <li>• Wider Range of input processing option for clarity of sound in different challenging environments like Soft Sound, Noise, Music and Focus listening.</li> <li>• Protection against humidity and sweat.</li> </ul>	
5.	Power Source	Powered by rechargeable cells/rechargeable battery pack & battery packs.	Rechargeable equipment & Commitment towards replacement cells/battery pack to be supplied by the manufacturer.
6.	Implant Integrity Testing ability	<p>Ability to test implant and electrode integrity and functions both intra-operative and postoperatively</p> <p>a) Feature for testing intra op implant functioning.</p> <p>b) Inner ear response assessment at the time of surgery and during Switch on, mapping &amp; therapy after CI surgery</p>	
7.	Speech Coding Strategy	Proven & internationally accepted speech coding strategy.	
8.	MRI Compatibility	MRI Compatible upto 3.0 Tesla or more without removal of magnet.	
9.	FDA approved	Must have US FDA approval for implantation in pediatrics and adult patients.	
10.	External Components	<p>Robust and long lasting. Should be sweat/splash resistant.</p> <p>Easily available spares parts like magnetic coil, wire and microphone sound processor etc.</p> <p>Adoptability with future advancement in hardware as well as software.</p>	Two set of spares & commitment towards free replacement of external components not covered by warranty to be provided for a minimum period of 2 years from date of implantation.

11.	FM Compatibility	Compatible with standard FM based Group Therapy Systems/FM	For better open field understandability
12.	Telecoil/Telephone Compatibility.	Telephone Compatibility with inbuilt snap/on Telephone adaptor.	Better telephone conversation
13.	Product Support	For the life of the product including implanted and external Components, software and hardware.	Free upgrade of hardware/software in case product support of existing implant system is discontinued by manufacturer.
14.	Infrastructure support.	<p><b>a)</b> All necessary hardware and software required for pre-operative Intra-operative and post operative testing and programming of the Implant should be provided free of cost to Capital Hospital in the future.</p> <p><b>b)</b> Implant specific surgical equipment should be provided free of cost to Capital Hospital.</p>	
15.	Service Network.	Provision of spares/loaners for equipment defects/malfunctions.	<p><b>a)</b> Within 48 hours of request for such support.</p> <p><b>b)</b> Should have wide network of service and repair centers all over Pakistan to provide after sale service like repair/replacement within Pakistan of the wearable components which includes wire, microphone, sound processors and any other accessories like magnetic coil etc. to the patients residing in various parts of Pakistan, directly by the company.</p>
16.	Comprehensive replacement/repair warranty is to be provided as follows:	<p><b>a)</b> Cochlear Implant: 10 years from date of Surgery.</p> <p><b>b)</b> External components excluding cables: 3 years from, date of fitting</p> <p><b>c)</b> Consumable such as batteries chargers, BTE coil, BW cable- 2 years from the date of switch on.</p>	
17.	Training.	Onsite training of medical and paramedical person & continuing Education to be provided by the manufacturer as and when required.	Training should include surgical procedures/ techniques/advances, implant audiology, rehabilitation, support and hardware/software troubleshooting.
18.	Rehabilitation if required by	At least one year of speech and rehabilitative therapy	

	Capital Hospital	which would include mapping etc.
19.	Internal Part	Should be multichannel(Not less than 12 Channels), Minimum 12 electrodes, 02 simulation modes, Contour/Straight implant array, Titanium Casing, Intra operative Auditory nerve response telemetry for objective mapping in children, EABR Compatible, MRI Compatible, Adjustable frequency allocation tables, FDA Approved.
20.	External Part	Digital Speech Processor, Stimulation rate 10,000 or more, Coding strategies: 03 or more, Behind the ear speech processor, remote control processor, digital signal processing, 3 rechargeable and 675 batteries for speech processor, must be upgradable without surgery, having Omni microphone or directional microphone, lockable control for children, self diagnostic system/visual indicators, provision of plug in FM system, adjustable volume and sensitivity.
21	Supporting Parts	<ol style="list-style-type: none"> <li>1) Set of standard burrs for micro drill for each cochlear implant surgery.</li> <li>2) Surgical toolkit for each cochlear implant surgery including Pusher, right &amp; left angled micro forceps, template, suction tips (set of 03), micro needles.</li> <li>3) Magnet toolkit including; <ol style="list-style-type: none"> <li>a. -Magnet removal tool</li> <li>b. -Magnet insertion tool.</li> <li>c. -Cochlear implant software including Modem for telemetry and implant activation with all</li> </ol> </li> <li>4) Necessary accessories.</li> <li>5) 02 years audiology services.</li> <li>6) 03 artificial temporal bones for instrument check with 1<sup>st</sup> supplied implant.</li> </ol>

- a. The device / Implant must conform to the specifications of Tender. A certificate to the effect that any replacement supplied against insurance/warranty claims will be of the same quality and performance, as the original, should also be furnished.
- b. Classification of each item should be indicated as new production and latest version.

- c. No bidder will be allowed to alter or modify his bid after the bids have been opened. However the procuring agency may seek and accept clarifications to the bid that do not change the substance of the bid.
- d. Quote your rates both in words and figure.
- e. All cutting/overwriting must be signed by the tenderer.

**It is hereby certified that:**

- I. All terms & conditions in tender are accepted
- II. The stores will be supplied exactly in accordance with the requirement/specification given in tender documents.
- III. The stores will be supplied/installed within----- days after award of contract agreement.
- IV. Offer is valid upto-----

Name of Firm\_\_\_\_\_

Address: \_\_\_\_\_

Tel: No: \_\_\_\_\_ Mobile No:\_\_\_\_\_

Signature/Stamp of Authorized Rep:\_\_\_\_\_

**CAPITAL DEVELOPMENT AUTHORITY**  
**(CAPITAL HOSPITAL)**

Schedule to Tender NO.CDA/CH-11/ (Cochlear Implant Devices)/2016-17/41

**FORM OF BID (FINANCIAL)**

Please fill in the blank spaces provided in the form in all respects duly Signed and Stamped.

**LIST OF GOODS OR BILL OF QUANTITIES**

Sr. #	Description of Store	Tentative requirement	Unit Price F.O.R basis	Total Price F.O.R basis
01	Procurement / Implantation of Cochlear Implant Devices	12		

- a. The device / Implant must conform to the specifications of Tender. A certificate to the effect that any replacement supplied against insurance/warranty claims will be of the same quality and performance, as the original, should also be furnished.
- b. Classification of each item should be indicated as new production and latest version.
- c. No bidder will be allowed to alter or modify his bid after the bids have been opened. However the procuring agency may seek and accept clarifications to the bid that do not change the substance of the bid.
- d. Quote your rates both in words and figure.
- e. All cutting / overwriting must be signed by the tenderer.
- f. Tender without **3% earnest money** subject to minimum of **Rs.10,000/-** will not be considered in any case.

**It is hereby certified that:**

- I. All terms & conditions in tender are accepted
- II. The stores will be supplied exactly in accordance with the requirement/specification given in tender documents.
- III. The stores will be supplied/installed within----- days after award of contract agreement.
- IV. Offer is valid upto-----

Name of Firm\_\_\_\_\_

Address: \_\_\_\_\_

Tel: No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**CAPITAL HOSPITAL ISLAMABAD**  
**Department of Bio-Medical Engineering**  
**INITIAL INSPECTION REPORT**

Date of Inspection \_\_\_\_\_

Contract/Supply Order No. \_\_\_\_\_ Dated \_\_\_\_\_

Supplier:- \_\_\_\_\_

Contact Person (s) \_\_\_\_\_ Tel/Fax \_\_\_\_\_

Installation/Service Engineer assigned \_\_\_\_\_ Tel/Fax \_\_\_\_\_

Date of Delivery \_\_\_\_\_ Delivery: Full/Part \_\_\_\_\_ Place of Inspection \_\_\_\_\_

**EQUIPMENT DETAILS:-**

Description of Equipment

\_\_\_\_\_

Item #.	Model	Make	S/N	Details of Accessories	Physical Condition	Remarks

Operating Manual:                      Yes      No

Service/Report Manual:              Yes      No

Complete Accessories:              Yes      No

List of Deficient / Rejected items & accessories:

\_\_\_\_\_

\_\_\_\_\_

Operational Checks:              Yes      No

Operational Status:              Working      Not Working

Approved for Installation:      Yes      No

\_\_\_\_\_  
Bio Medical Store Keeper

\_\_\_\_\_  
ENT Surgeon

\_\_\_\_\_  
Assistant Director Biomedical Engineer

\_\_\_\_\_  
Audit Officer, CH

\_\_\_\_\_  
Director P & D, CH

\_\_\_\_\_  
Supplier/Rep of the Firm